

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

U T — 0 1 - 021

2. STATE:

UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.230

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 1,121,000

b. FFY 2003 \$ 1,121,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 2.2-A, Pg. 23a

ATTACHMENT 2.6-A, Pg. 12c

SUPPLEMENT 8a to ATTACHMENT 2.6-A, Pg. 1

SUPPLEMENT 8a to ATTACHMENT 2.6-A, ADDENDUM

SUPPLEMENT 8b to ATTACHMENT 2.6-A, Pg. 1

SUPPLEMENT 12a to ATTACHMENT 2.6-A, Pg. 1b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

ATTACHMENT 2.2-A, pg 23a

SUPPLEMENT 8a to ATTACHMENT 2.6-a, pg 1  
and ADDENDUM

SUPPLEMENT 8b to ATTACHMENT 2.6-A, pg 1

10. SUBJECT OF AMENDMENT:

Optional groups other than the medically needy

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Rod L. Betit

14. TITLE: Executive Director  
Department of Health

15. DATE SUBMITTED: October 24, 2001

16. RETURN TO:

Rod L. Betit, Executive Director  
Department of Health  
Salt Lake City, UT 84114-3102

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:  
November 7, 2001

18. DATE APPROVED:

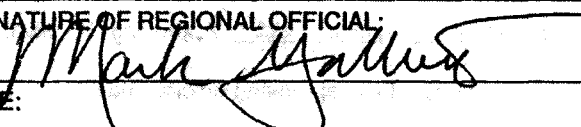
2/5/02

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCTOBER 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Mark Gilbert

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: unknown

State/Territory: UTAH

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

- |   |     |  |
|---|-----|--|
| 1906 of the Act                           | 18. | Individuals required to enroll in cost-effective Employer-based group health plans remain eligible for a minimum enrollment period of <u>1</u> months.   |
| 1902(a)(10)(F) and 1902(u)(1) of the Act  | 19. | Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to ATTACHMENT 2.6-A. |
| 1902(a)(10)(A)(ii) and 1902(z) of the Act | 20. | Individuals not described in 1902(a)(10)(A)(i) of the Act who are infected with tuberculosis whose income and resources do not exceed the maximum amounts described in Supplement 14 to ATTACHMENT 2.6-A.  |
| 1902(a)(10)(A)(ii)(XIII) of the Act       | 21. | Disabled individuals whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of ATTACHMENT 2.6-A.  |

T.N. No. 01-021  
Supersedes  
T.N. No. 94-003

Approval Date 02/05/02

Effective Date 10/01/01

State/Territory: UTAH

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XIII) of the Act	<p><u>Working Disabled Who Buy In to Medicaid</u></p> <p>(j) In determining countable income and resources for working disabled individuals who buy in to Medicaid the following methodologies are applied:</p> <p>_____ The methodologies of the SSI program.</p> <p>_____ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to ATTACHMENT 2.6-A.</p> <p><u>X</u> The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to ATTACHMENT 2.6-A. More liberal resource methodologies are described in Supplement 8b to ATTACHMENT 2.6-A.</p> <p><u>X</u> The agency requires individuals to pay premiums or other cost-sharing. The premiums or other cost-sharing charges, and how they are applied, are described below:</p> <p>(a) When household income exceeds 100% of the federal poverty guideline, the individual will be required to pay a premium equal to 20% of the individual's net countable income. Net countable income is determined by allowing the SSI general income disregard and earned income disregards, and health insurance premiums paid by the individual for the individual or the individual's family.</p>

T.N. No. 01-021  
Supersedes  
T.N. No. NEW

Approval Date 02/05/02

Effective Date 10/01/01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: UTAH

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT

1. Interest accrued on funds an individual contributes to a demonstration Individual Development Account will be excluded from countable income.
2. To determine eligibility for individuals under 1902(a)(10)(A)(ii)(XIII), when the net countable income of the household does not exceed 250% of the federal poverty guideline for a household of the applicable size, the state will disregard earned and unearned income of the individual and spouse, or the minor individual and the minor individual's parents that is equal to the difference between the total countable income and the SSI federal benefit rate plus one dollar.
3. To determine countable income for individuals under 1902(a)(10)(ii)(X), the state will disregard \$8 of the individual's gross income, or of the combined income of the individual and the individual's spouse, in addition to the other income disregards allowed under SSI criteria.

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T.N. No. 01-021  
Supersedes  
T.N. No. 94-022

Approval Date 02/05/02

Effective Date 10/01/01  
HCFA ID: \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT

For all eligibility groups not subject to the limitations on payment explained in Section 1903(f) of the Act: all wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

Treatment of Earnings from Self-Employment:

For all eligibility groups, when determining self-employment net profit, the State will allow a 40% flat rate exclusion off the assistance unit's gross self-employment income. This exclusion is for allowable business expenses.

When the self-employed individual has actual business expenses greater than 40%, and chooses to provide verification of them, the self-employment net profit will be calculated using the same expenses as those allowed by the Internal Revenue Service.

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T.N. No. 01-021  
Supersedes  
T.N. No. 00-008

Approval Date 02/05/02

Effective Date 10/01/01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: UTAH

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902(r)(2) OF THE ACT

       Section 1902 (f) State   X   Non-Section 1902(f) State

1. For AFDC-related cases, Utah applies SSI methodologies for exempting income-producing property.
2. For AFDC-related Medicaid cases, retirement accounts owned by a disabled parent or disabled spouse will be excluded from available resources when the disabled parent or disabled spouse is not included in the AFDC-related Medicaid coverage.
3. Funds an individual contributes to a demonstration Individual Development Account and any interest accrued on those funds will be excluded from available resources.
4. For individuals who are eligible under 1902(a)(10)(A)(ii)(XIII), the following resource provisions apply:
  - (a) Retirement accounts the individual owns will not be counted as an available resource.
  - (b) A second vehicle that is needed by a spouse or child to get to work will be excluded from countable resources.
  - (c) The individual may have up to \$15,000 in countable resources. This limit includes resources deemed from a spouse or from a minor individual's parents.
5. To determine eligibility under Aged, Blind or Disabled Medicaid programs other than Sec. 1902(a)(10)(A)(ii)(XIII), retirement accounts and the second vehicle needed for a working spouse or child that were excluded while the individual was eligible under 1902(a)(10)(A)(ii)(XIII) will continue to be excluded for the lifetime of the individual.

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T.N. No. 01-021  
Supersedes  
T.N. No. 91-21

Approval Date 02/05/02

Effective Date 10/01/01  
HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Cont.)

x The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

Interest accrued on funds an individual contributes to a demonstration Individual Development Account will be excluded from countable income.

For 1931 Medicaid, retirement accounts owned by a disabled parent or disabled spouse will be excluded from available resources when the disabled parent or disabled spouse is not included in the 1931 Medicaid coverage.

Funds an individual contributes to a demonstration Individual Development Account and any interest accrued on those funds will be excluded from available resources.

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T.N. No. 01-021  
Supersedes  
T.N. No. NEW

Approval Date 02/05/02

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